

ICMJE DISCLOSURE FORM

Date: Nov. 16th, 2021
 Your Name: Ruiyang Li
 Manuscript Title: Three-dimensional CT Mapping and Analysis of Distal Femur Fractures (AO/OTA Types 33A, 33B, and 33C)
 Manuscript number (if known): ATM-21-4591-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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